

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000010523

**FILED**  
**Apr 05, 2019**  
**Secretary of State**  
**7742692213CC**

**Entity Name:** FUNDACION CULTURAL NESTOR MILI, INC.

**Current Principal Place of Business:**

13284 OLD BISCAYNE DR UNIT 903  
HOMESTEAD, FL 33033

**Current Mailing Address:**

13284 OLD BISCAYNE DR UNIT 903  
HOMESTEAD, FL 33033

**FEI Number:** 83-1890744

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILI, XAVIER  
13284 OLD BISCAYNE DR UNIT 903  
HOMESTEAD, FL 33033 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MILI, XAVIER  
Address 13284 OLD BISCAYNE DR UNIT 903  
City-State-Zip: HOMESTEAD FL 33033

Title T  
Name CLAUDIA MIREYA FERNANDEZ  
Address 13284 OLD BISCAYNE DR UNIT 903  
City-State-Zip: HOMESTEAD FL 33033

Title S  
Name POMARES, YUSLEIDY  
Address 13284 OLD BISCAYNE DR UNIT 903  
City-State-Zip: HOMESTEAD FL 33033

Title V  
Name MILI, NESTOR  
Address 13284 OLD BISCAYNE DR UNIT 903  
City-State-Zip: HOMESTEAD FL 33033

Title D  
Name FERNANDO BRUNO TERAN  
Address 13284 OLD BISCAYNE DR UNIT 903  
City-State-Zip: HOMESTEAD FL 33033

Title D  
Name MIGUEL ANGEL RODRIGUEZ  
Address 13284 OLD BISCAYNE DR UNIT 903  
City-State-Zip: HOMESTEAD FL 33033

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** XAVIER MILI

**PRESIDENT**

**04/05/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date